Author Index to Volume 93

Adelelateef, A., 228
Agarwal, J. P., 56
Agarwal, Manish, 429
Aguiar, Samuel Jr., 206
Ahmad, Syed A., 279
Aihara, Ryuusuke, 491
Akamine, Shinji, 323
Akita, Hirofumi, 401
Aldrighetti, Luca, 186
Altuntaş Selman, 286
Amodeo Corrado, 199
Andreoni, Bruno, 394, 456
Aoki, Junken, 30
Arai, Hiroyuki, 30
Araya, Juan C., 615, 624
Arnaud, Jean-Pierre, 1
Arru, Marcella, 186
Asao, Takayuki, 491
Autorino, R., 181
Aydin, Mustafa Asim, 286
Ayhan, Ali, 373

Bacchella, Telesforo, 338
Bachega, Wilson, 206
Baik, Seung-Hyuk, 145
Bakshi, Ashish V., 434
Barnard, Graham F., 44
Basili, G., 194
Basso, Stefano, 199
Beatty, Barbara, 379
Bembenek, Andreas, 109
Benizri, Emmanuel, 8
Berrios, Marcela, 699
Bertain, Emilio, 456
Berwick, Marianne, 107
Beskow, Laura M., 100
Bex, A., 20
Bhagwat, Roshni, 434
Biagini, Blanche, 42
Biffi, Roberto, 394, 456
Biliotti, G. C., 194
Biswas, Ghanashyam, 434
Block, Mark I., 519
Bold, Richard J., 167
Bonadeo, Fernando, 151
Borghetti, Angelo F., 446
Boynukalin, Kubra, 373
Brehant, Olivier, 1
Brenner, Baruch, 529
Brummell, Zoe, 258
Buchler, Markus W., 24
Bufalari, Andrea, 173
Bui, Luke, 439
Burattini, Maria Frederica, 173
Bussotti, Claudia, 173

Cabañas, Jacobo, 161
Caglià, Pietro, 199
Cascini, G. L., 181
Castagnoli, A., 194
Castellano, Paolo, 241
Catena, Marco, 186
Cenciarelli, Sabine, 394
Chang, Jung Hyun, 330
Chang, Shyue-Yih, 468
Chaturvedi, Pankaj, 56, 593
Chaube, Amita, 665
Chaukar, D. A., 56, 362, 593
Chen, Jian, 534
Chen, Wen-Chung, 294
Cheng, Shao-Bin, 273
Chiappa, Antonio, 394, 456
Cho, Chang-Whan, 145
Cho, Nam Hoon, 330
Choi, Chan, 233
Choi, Eun Chang, 330
Choi, Yoo Duk, 233
Chou, Shin-Cheng, 294
Chu, Kin Wah, 523
Chu, Pen-Yuan, 468
Ciardiello, Fortunato, 241
Cooper, Kumarasen, 379
Cordova, Andres, 699
Crooks, D., 92
Crotti, Cristiano, 456

D'Amico, Davide Francesco, 199
D'Cruz, Anil K., 56, 362, 593
Dakin, Gregory F., 368
Damiano, R., 181
Damron, Timothy A., 169
Date, Amit S., 593
de Aretxabala, Xabier, 615, 624, 699
de Baere, Thierry, 8
de Pas, Tommaso, 456
de Sio, M., 181
de Vita, Ferdinando, 241
de Vries, Mattijs, 564
Del Rio, Paolo, 446
Desai, Saral S., 429
Deshpande, M. S., 56, 593
Di Lorenzo, G., 181
Dillon, Mary F., 559
Dinshaw, K. A., 56
Doki, Yuichiro, 401, 422, 477
Dorsam, Ulrich J., 24
Doting, Edwina H., 564
Dreznik, Zeev, 529
Drogula, Cynthia, 550
Dror, Ygael, 529
Dufour, Fanny, 8
Dziewirski, Wirginiusz, 304

Earashi, Mitsuharu, 120
Edge, Stephen B., 129
Eguchi, Hidetoshi, 511
El Harroudi, Tijani, 8
Elakkad, M., 228
Elias, Dominique, 8
Eltabbakh, Gamal H., 379
Evans, Sheila, 550

Fenig, Eyal, 529
Ferla, Gianfranco, 186
Ferraraccio, Francesca, 241
Ferreira, Fabio O., 206
Ferrón-Orihuela, José Antonio, 650
Fiamingo, Pietro, 199
Figer, Arie, 529
Figueira, Estela R. R., 338
Finazzi, Renato, 186
Fitch, M., 92
Flax, Richard, 550
Fleshner, N. E., 92
Fleury, Thomas, 550
Fonseca, Francisco P., 206
Foster, Jason M., 129
Frohlich, Boris E., 24

Fujii, Hisatake, 120
Fujimoto, Daisuke, 139
Fujiwara, Yoshiyuki, 477
Fukumitsu, Takamasa, 47

Gage, Irene, 550
Gagliano, Massimiliano, 199
Galizia, Gennaro, 241
Gallardo, Jorge, 699
Gallo, A., 181
Gallo, L., 181
Gao, Shunliang, 534
Ghosh, Bimal C., 42
Giustozzi, Giammario, 173
Goi, Takanori, 139
Gómez-Río, Manuel, 650
Gorthi, Ganesh, 258
Gouma, Dirk J., 571
Grana, G., 585
Greco, E., 92
Griffiths, Ewen A., 258
Grzesiakowska, Urszula, 304
Guimaraes, Gustavo C., 206
Guleria, Sandeep, 690
Guven, Suleyman, 373

Hama, Kotaro, 30
Hammouda, H., 228
Harada, Ken-ichi, 120
Hashizume, Satoshi, 323
Hayashi, Tomayoshi, 323
Hellmich, Gunter, 350
Hemandas, A. K., 498
Heo, Min-Kyu, 504
Hepp, Juan, 699
Herman, Paulo, 338
Hershko, Dan D., 279
Hill, Arnold D. K., 559
Hirao, Takafumi, 401
Hirono, Seiko, 485
Hirono, Yasuo, 139
Hirose, Kazuo, 139
Hoekstra, Harald J., 564
Hollenberg, E., 92
Hong, Chang Won, 13
Horenblas, S., 20
Hsiung, Ching-Yeh, 294
Hsu, Wen-Hu, 468
Hu, Jian, 62
Huang, Hsuan-Ying, 294
Hurd, Thelma C., 129

Ibacache, Gilda, 624
Idelevich, Efraim, 529
Imaoka, Shingi, 401, 422, 511
Imperatore, Vincenzo, 241
Ina, Shinomi, 485
Inabnet, William B., 368
Inoue, Masao, 323
Ishibashi, Nobuya, 47
Ishihara, Ryu, 422
Ishii, Hideshi, 44
Ishikawa, Makoto, 30
Ishikawa, Osamu, 401, 422, 511
Izbicki, Jakob R., 541

Jager, Piet L., 564
Jambhekar, Nirmala, 429
Jeziorski, Arkadiusz, 355
Jin, Denan, 36
Joffé, Elisa Bal de Kier, 151
Johnston, Elizabeth A., 76
Johnstone, David W., 255

Kaemmerlen, Pierre, 268
Kaifi, Jussuf T., 541
Kamiyama, Yoichi, 491
Kannan, R. Ravi, 133
Kapoor, V. K., 607
Karagöz, Arif, 286
Karakousis, Constantine P., 78, 87
Kart, Cavit, 373
Katayama, Kanji, 139
Katori, Hideaki, 80
Katz, Angela, 550
Kawai, Manabu, 485
Khadwal, Alka, 434
Kienle, Peter, 24
Kim, Gwi Eon, 504
Kim, Hyung Seok, 233
Kim, Jeong Hong, 330
Kim, Joo-Hang, 504
Kim, Ki-Suk, 504
Kim, Kyubo, 330
Kim, Nam-Kyu, 145
Kim, Se-Heon, 330
Kim, Seung Il, 221, 504
Kim, Woo Ho, 13
Kitayama, Joji, 30
Kitramura, Tadaichi, 318
Kleespies, Axel, 435
Kloek, Jaap J., 571
Knaebel, Hanns-Peter, 24
Kondo, Keisaku, 36
Kondoh, Osamu, 312
Koo, Bon Seok, 330
Koyama, Isamu, 68, 72
Krawczyk, Marek, 304
Kucukali, Turkan, 373
Kumar, J. Ram, 610
Kumar, Sandeep, 601633
Kumar, Shailendra, 633
Kumar, Surender, 633
Kume, Haruki, 318
Kumierek, Jacek, 355
Kuo, Kuang-Tai, 468
Kusuzaki, Katsuyuki, 212
Kutup, Asad, 541
Kuwano, Hiroyuki, 491

La Manna, Giovanni, 241
La Mura, Anna, 241
Lafon, Cyril, 268
Lardelli-Claret, Pablo, 650
Last, L. D., 92
Lastiri, José, 151
Lastoria, F., 181
Law, C. H. L., 92
Law, Wai Lun, 523
Lazzaro, Gianluca, 456
Lee, Jae Hyuk, 233
Lee, Ji Shin, 233
Lee, Jin Seok, 330
Lee, Kang-Young, 145
Lee, Kyong Sik, 221, 504
Lee, Min Cheol, 233
Lee, Min Jin, 13
Lee, Min Ro, 13
Leon, Jorge, 699
Leong, A. F. P. K., 498
Leow, C. K., 498
Lermite, Emilie, 1
Li, Chien-Feng, 294
Liefers, Gerrit-Jan, 18
Liem, Mike S. L., 18
Lieto, Eva, 241
Lim, Megan S., 253
Lim, Seok-Byung, 13
Lin, Ching-Nan, 294
Link, Bjoern C., 541
Lippert, Hans, 682
Liu, Tse-Jia, 273
Llamas-Elvira, José Manuel, 650
Lo Faso, Felice, 394
Lopes, Ademar, 206
Lopez, Marvin J., 171
Lorimier, Gérard, 1
Loven, David, 529
Lowy, Andrew M., 279
Luca, Fabrizio, 394, 456
Lucaroni, Elena, 173
Ludwig, Klaus, 350

Luo, Huiying, 578
Lyckholm, Laurie, 521

Machado, Marcel Autran C., 338
Machado, Marcel C. C., 338
Mack, Lloyd A., 345
Madia, Carmelo, 199
Magnant, Colette, 550
Mahajan, Vikash, 133
Maier, B. A., 92
Makdissi, Fabio F., 338
Maluenda, Fernando, 699
Manganas, Dimitri, 8
Mann, Oliver, 541
Maricar, S. H., 498
Markwardt, Jorn, 109
Marra, L., 181
Martin, Jocelyne, 437
Martin, Robert C. G. II, 387
Martini, F., 194
Matono, Keiko, 47
Matsubara, Takao, 212
Matsumine, Akihiko, 212
Matsumoto, Keitaro, 323
Mauro, Laura V., 151
McDermott, Enda W., 559
McMasters, Kelly M., 387
Medina-Benítez, Antonio, 650
Meeus, Pierre, 268
Menegon, Paola, 8
Merchant, Nikhil, 429
Miller, D., 92
Mimori, Koshi, 44
Min, Kyung Whan, 233
Misra, Mahesh Chandra, 690
Mistry, Rajesh C., 420
Mithieux, François, 268
Miyashiro, Isao, 401, 422, 511
Miyata, Hiroshi, 401, 477
Miyazaki, Mizuo, 36
Miyazaki, Shinichi, 212
Miyazawa, Mitsuo, 68, 72
Mizobe, Tomoaki, 47
Mochiki, Erito, 491
Mohapatra, Sadhu C., 610, 705
Monden, Morito, 477
Moore, Harvey G., 42
Moraitis, Dimitrios, 417
Morandi, Ana, 151
Mori, Masaki, 44
Morinaga, Masafumi, 323
Mount, Sharon L., 379
Mucke, Jörg, 109
Müller, Jörg, 682
Muñoz, Sergio, 624
Muramatsu, Michiko, 36
Muraoka, Masashi, 323

Nagahara, Hisashi, 44
Nagawa, Hirokazu, 30
Nagayasu, Takeshi, 323
Nakagawa, Wilson T., 206
Nakaizumi, Akihiko, 511
Nam, Jong Hee, 233
Namm, Jukes P., 76
Narayanan, Prasad, 434
Nasierowska-Guttmejer, Anna, 304
Nasir, Serdar, 286
Nejc, Dariusz, 355
Nestler, Gerd, 682
Niemierko, Andrzej, 550
Nieweg, Omgo E., 18, 165
Nishimatsu, Hiroaki, 318
Nishiyama, Kinji, 422
Noguchi, Masakuni, 120
Nowecki, Zbigniew, 304
Nozawa, Akinori, 80
Nudelman, Israel, 529
Nwogu, Chumy, 257
Nyckowski, Pawel, 304

O'Doherty, Ann, 559
O'Higgins, Niall, 559
Ogata, Yutaka, 47
Ogawa, Nobuji, 68
Ohigashi, Hiroaki, 401, 511
Ohno, Tetsuro, 491
Ohue, Masayuki, 511
Oka, Tadayuki, 323
Okada, Katsuya, 68, 72
Okamoto, Yukiko, 36
Okamura, Atsushi, 212
Okudan, Berna, 286
Okuyama, Noritaka, 212
Ollila, David W., 100
Olszewski, Jerzy, 355
Oosterling, S. J., 410
Orditura, Michele, 241
Osaka, Shunzo, 312
Ota, Nobutaka, 318
Özbek, Meltem, 286

P'eng, Fang-Ku, 273
Pace, Ugo, 456
Pai, P. S., 56
Pai, Prathamesh S., 593
Palesty, J. Alexander, 129
Pallotta, María Guadalupe, 151
Pandey, Durgatosh, 133
Pandey, Manoj, 640
Pantvaidya, G. H., 56
Parikh, Purvish M., 434
Park, Byeong Woo, 221, 504
Park, Chang Soo, 233
Park, Jae-Gahb, 13
Park, Kyu Joo, 13
Park, Yoon-Ah, 145
Pathak, Kumar Alok, 56, 593
Paul, M. A., 410
Perdonà, S., 181
Peri, A., 194
Pessaux, Patrick, 1
Petersen, Sven, 350
Petrucci, Peter E., 550
Piekarski, Janusz, 355
Pinto, Margherita, 241
Plukker, John Th. M., 564
Pluta, Piotr, 355
Pomp, Alfons, 368
Porse, Gerhard, 350
Post, Wendy J., 564
Pozzi, Simonetta, 394
Pritchard, Susan A., 258
Puri, Ajai, 429
Puricelli, Lydia Inés, 151

Quinn, Cecily M., 559
Quintana, Guillermo Ojea, 151
Qureshi, Sajid S., 362, 420

Rai, Arundhati, 610, 705
Ramadas, Go H., 279
Ramia-Ángel, José Manuel, 650
Ramos-Font, Carlos, 650
Reeson, Diana, 439
Reeves, Mark E., 76
Rempel, Eddy, 439
Reymond, Marc-André, 682
Rezaishiraz, Hamed, 129
Ricci, Enrica, 173
Rivoire, Michel, 268
Roa, Iván, 615, 624, 699
Roa, Juan, 615, 624, 699
Robb, Bruce W., 279
Roca, Fernanda, 151
Rodríguez-Fernández, Antonio, 650
Romani, Antonello A., 446
Rossi, Benedito M., 206
Rowland, Randall G., 172
Rubio, Isabel T., 517
Ruka, Wlodzimierz, 304

Rutkowski, Piotr, 304
Ryu, Junnosuke, 312

Saetta, Angelica A., 644
Sagynaliev, Emil, 682
Salky, Barry, 368
Salto-Tellez, M., 498
Sarkis, Alvaro S., 206
Sasaki, Yo, 401, 422, 511
Sasatomi, Teruo, 47
Schlag, Peter M., 109
Schulze, Tobias, 109
Schurr, Paulus G., 541
Sciannameo, Francesco, 173
Scoggins, Charles R., 387
Seghi, P., 194
Seiler, Christoph M., 24
Seong, Jinsil, 145
Servili, Stefano, 173
Shaffer, Margaret, 550
Shah, Bhavin C., 593
Shaha, Ashok R., 417
Shalaby, M., 228
Shani, Adi, 529
Sharir, S., 92
Shen, Hongwei, 534
Shinozuka, Nozomi, 68
Shintani, Ken, 212
Shirouzu, Kazuo, 47
Shu, Kuo-Hsiung, 273
Shukla, Hari S., 597, 604, 610, 665, 705
Shukla, Parul J., 420
Sianesi, Mario, 446
Sikora, Sadiq S., 670
Simmons-Arnold, Linda, 379
Simunovic, Marko, 439
Singh, Rajneesh K., 670
Singh, Usha, 665
Sinha, Rohan, 610
Smeenk, R. M., 20
Smith, A. J., 92
Smith, Frederick P., 550
Sohn, Seung-Kook, 145
Soldano, Debbie A., 279
Soliani, Paolo, 446
Sparidans, R. W., 410
Specterman, Sergio, 151
Sprangers, Mirjam A. G., 571
Steinert, Ralf, 682
Stella, Mattia, 268
Stemmer, Salomon M., 529
Stilo, Francesco, 347
Stitzenberg, Karyn B., 100
Sudo, Tomoya, 44
Sugarbaker, Paul H., 161
Sugita, Yurika, 477
Sulkes, Aaron, 529
Sun, Li, 62
Sussman, Jeffrey J., 279
Suurmeijer, Albert J. H., 564

Tagawa, Tsutomu, 323
Takachi, Ko, 401, 422
Takahashi, Satoru, 318
Takai, Shinji, 36
Takeuchi, Takumi, 318
Takiguchi, Shuji, 477
Talole, Sanjay D., 362
Tang, Ping-zhang, 464
Tani, Masaji, 485
Tanigawa, Nobuhiko, 36
Teramoto, Shinji, 318
Terasawa, Hiroshi, 485
Testori, Alessandro, 456
Tewari, Mallika, 601, 610, 629, 665, 705
Thomas, Nancy E., 100
Tomimaru, Yoshito, 422, 511
Tomita, Kyoichi, 318
Tomshimitsu, Yasuko, 72
Tongaonkar, Hemant B., 420
Torigoe, Shojiro, 47
Torii, Takahiro, 68, 72
Toshimitsu, Yasuko, 68
Tozzi, F., 194
Tsai, Kun-Bow, 294
Tsukuda, Mamoru, 80
Tsuneyama, Koichi, 120
Tuech, Jean-Jacques, 1

Uchida, Atsumasa, 212
Uchiyama, Kazuhisa, 485
Uehara, Hiroyuki, 511

Vaccaro, Carlos, 151
Valastro, Maurizio, 199
van der Elst, A., 410
van der Sijp, J. R. M., 410
van der Velden, Jacobus, 571
van Lanschot, J. Jan B., 571
van Rijk, Maartje C., 165
Veroux, Massimiliano, 199
Veroux, Pierfrancesco, 199
Verwaal, V. J., 20
Vezzosi, V., 194
Villar-Del Moral, Jesús, 650
Visser, Mechteld R. M., 571
von Mildenstein, Katharina, 350
Vonk, A. M. A., 410

Wang, Aiqin, 578
Wang, Hao-Wei, 468
Wang, Liang-Shun, 468
Wang, Wenji, 578
Warner, Richard R. P., 368
Watroba, Nancy, 129
Weigel, Ronald J., 343
Welch, Ian McL., 258
Wen, Mei-Chin, 273
Wolfram, Lars, 541
Wright, F. C., 92
Wrzesie, Małgorzata, 355
Wu, Cheng-Chung, 273
Wu, Yulian, 534

Xu, Zhen-gang, 464

Yamada, Terumasa, 511
Yamaguchi, Akio, 139
Yamashita, Hiroharu, 30
Yamashita, Keishi, 44
Yamashita, Natsumi, 47
Yamaue, Hiroki, 485
Yamayoshi, Takatomo, 323
Yanagawa, Takashi, 47
Yang, Chia-Hsin, 468
Yang, Woo-Ick, 504
Yano, Masahiko, 401, 422, 477, 511
Yasuda, Takushi, 477
Yeh, Dah-Cherng, 273
Yekebas, Emre F., 541
Yen, Cheng-Fang, 294
Yerushalmi, Rinat, 529
Yokoyama, Koichi, 120
Yoon, Sang Nam, 13
Yoshida, Yukihiro, 312
Yoshioka, Setsuko, 477
Yu, Junxiu, 534

Zbar, Andrew P., 456
Zequi, Stenio C., 206
Zhang, Bin, 464
Zhang, Chong, 62
Zhou, Xielai, 62
Zoetmulder, F. A. N., 20

Subject Index to Volume 93

5′-deoxy-fluorouridine (5′-DFUR), 47

abdominal neoplasms/etiology, 682
abdominal retractor, 420
adamantinoma, 429
adenoma, 615
adjuvant treatment, 350
advanced gallbladder cancer, 670
anastrozole, 585
anatomy, 338
angiogenesis, 36, 233, 446
apoptosis, 379
asymptomatic, 629
axillary, 129
axillary dissection, 109, 550

biochemical modulation, 47
biopsy, 559
bisegmentectomy 7-8, 338
bladder recurrence, 318
BMI, 705
bone substitute, 212
breast, 129
breast cancer, 109, 120, 221, 504, 550
breast neoplasms, 165, 559
Brooke ileostomy, 161

CA 125, 665
cadmium, 640
calcium phosphate cement (CPC), 212
cancer, 129, 571, 615
cancer registry, 100
capecitabine, 47, 529
carbon dioxide/pharmacology, 682
carcinogenesis, 504, 640
carcinoma, 559
carcinoma of the penis, 133
carcinomatous pleuritis, 323
caudal pancreatectomy, 393
CD105, 446
cell cycle, 379
cell line, 682
central venous ports, 24
cervical lymphadenectomy, 477
cervix neoplasm, 233
chemoradiotherapy, 699
chemoresistance, 379
chemotherapy, 456
cholangiocarcinoma, 199
cholecystectomy, 607
cholelithiaisis, 607, 624
chymase, 36
cisplatin, 323, 401
clinical results, 212
colon cancer, 439, 446
colorectal cancer, 13, 151, 268, 492
combined treatment, 304
complications, 20
concomitant diseases, 186
continuous-infusion 5-FU, 529
contralateral drainage, 165
cryosurgical ablation, 268
cryotherapy, 268
curative resection, 199
cyclins, 241

demography, 610
diagnosis, 571
diagnostic laparoscopy, 690
dihydropyrimidine dehydrogenase (DPD), 47
double diversion, 206
double-barreled wet colostomy, 206
dThdPase/DPD ratio, 47

early diagnosis, 279
E-cadherin, 151
ECL cell, 368
elderly, 173, 186
en-bloc-esophagectomy, 541
endrometrial cancer, 373
enteric fever-Salmonella, 633
epidermal growth factor receptor (EGFR), 44
epitrochlear lymph node, 286
esophageal cancer, 258, 401, 422, 468, 541
esophageal squamous cell carcinoma, 477
estrogen receptor-β, 504
exemestane, 585
extended right hepatectomy, 72

FDG-PET, 650
fibula, 429
fitting multiple linear regression models, 47

gallbladder, 615, 624, 640
gallbladder cancer, 610, 624, 629, 633, 650, 690, 699, 705
gallbladder disease, 610
gallbladder neoplasms, 607
gallbladder polyp, 690
gallstones, 629
gastrectomy, 368, 393
gastric cancer, 30, 36, 139, 241, 393, 534
gastric carcinoid, 368
gastrin, 368
gastrointestinal stromal tumor, 304
GBC (gallbladder carcinoma), 665
gefitinib, 44
gemcitabine, 699
glissonian, 338
groin dissection, 133
GSD (gallstone disease), 665

head, 564
head and neck, 100
heavy metals, 640
Helicobacter, 633
hepatectomy, 8, 199
hepatic artery infusion, 387
hepatic artery infusion chemotherapy, 387
hepatocellular carcinoma, 68, 273
hepatopancreatoduodenectomy, 670
high-frequency electrocautery, 68
hilar cholangiocarcinoma, 72
hormonal treatment, 585
human papilloma virus (HPV), 80
humans, 682
hypopharyngeal cancer, 468
hysterectomy, 373

iatrogenic disease, 682
ileostomy, 161
imaging methods, 650
imatinib, 304
immunohistochemical staining, 13
immunohistochemistry (IHC), 139, 491, 498, 541, 578
incidence, 279
incidental gallbladder cancer, 670, 690
infection, 633
interval lymph node, 286
intra-arterial chemotherapy, 485
intraductal, 559
intraductal papillary mucinous carcinoma, 511
in-transit recurrence, 564
intraoperative cholangiography, 72
invasive ductal carcinoma, 485
inverted papilloma, 80
involvement, 20
isolated lung perfusion, 410
isolated tumor cells, 13

jaw reconstruction, 593

Klatskin tumor, 199
K-ras mutations, 644

laparoscopic antrectomy, 368
laparoscopic cholecystectomy, 690
laparoscopic hepatectomy, 68
laparoscopic surgery, 318
laparoscopy/adverse effects, 682
laparotomy, 420
laparotomy/adverse effects, 682
laryngeal carcinoma, 464
less-invasive surgery, 491
letrozole, 585
liver, 338
liver metastasis, 1, 268
liver resection, 186, 273, 690
liver surgery, 268
liver tumor, 8
local recurrence, 350
locally advanced rectal cancer, 92
locally recurrent rectal cancer, 92
long bones, 429
LPA2, 30
lung cancer, 323
lymph node, 534
lymph node micrometastasis, 477
lymphadenectomy, 181, 373, 393
lymphatic metastasis, 464
lymphoscintigraphy, 286
lysophosphatidic acid, 30

malignancy, 80
malignant sacral tumors, 312
malnutrition, 705
mandible, 593
margin status, 294
mast cells, 36
matrix metalloproteinase (MMP)-2 and 9, 80
maxillary sinus cancer, 362
melanoma, 279, 355, 564
melphalan, 410
mesorectal resection, 523
metalloproteinases, 151
metallothionein, 241
metastatic colorectal cancer, 387
metastatic disease, 699
metastasis, 498, 534
metastasis risk, 446
micrometastases, 541
microsatellite instability, 644
minimal residual disease, 541
minimally invasive surgery, 120
MMP-7, 491
MMPs, 330
molecular markers, 241
molecular pathogenesis of gallbladder cancer, 644
morbidity, 109
mRNA, 62
multidisciplinary management, 92
multivariate analysis, 24
multivariate survival analyses, 294
musculoskeletal tumor surgery, 212
mutation, 44
myxofibrosarcoma, 294

neck, 564
neck dissection, 56, 464
neck nodes, 56
neoadjuvant chemotherapy, 401
neoplasm, 593
neoplasm staging, 165, 279
nickel, 640
nodal involvement, 221
nodal metastasis, 133
node, 129
noninfiltrating, 559
non-small cell lung cancer, 62
non-squamous cell malignancies, 362
nutritional status, 705

obesity, 161
older age, 100
operative indication, 422
oral, 593
oral cancer, 593
osteofibrous dysplasia, 429
osteosarcoma, 578
osteotomy, 593
osteotomy of sacral foramen, 312
outcomes, 439

p27, 241
p53, 379
p53 alterations, 644
pancreatectomy, 485
pancreatic cancer, 485
pancreaticoduodenectomy, 511
pancreaticogastrostomy, 511
pancreaticojejunostomy, 511
parity, 610
pathology, 439
PCNA, 578
pelvic exenteration, 92, 206
penile cancer, 181
pesticides, 640
pharyngolaryngo-esophagectomy, 468
pigs, 410
pleural lavage cytology, 323
popiteal lymph node, 286
portal lymphadenectomy, 690
positron emission tomography, 650
possible causes, 87
postoperative chemotherapy, 485
postoperative liver failure, 72
postoperative lymphedema, 87
postoperative radiotherapy, 362
predictor for response, 145
preneoplastic, 615
preoperative chemoradiation, 145, 529
prognosis, 13, 422, 446, 468
prognostic factors, 1, 133, 194
protease activated receptor-2 (PAR-2), 139
pseudomyxoma, 20
psychological stress, 571
PTEN, 233

qualitative assessment, 92
quality of life, 571

radiation, 355, 640
radical cholecystectomy, 670

radical cystectomy, 228
radical excision, 312
radiofrequency, 8
radiofrequency ablation, 68, 120, 387
radiotherapy, 56, 456
radon, 640
real-time RT-PCR, 477
receiver operating characteristic curve (ROC), 665
rectal adenocarcinoma, 145
rectal cancer, 173, 350, 529
rectosigmoid pouches, 228
recurrence, 129, 373, 511
renal transplantation, 273
re-operation, 690
repeat hepatectomy, 1
resection, 338
response, 304
retroperitoneal sarcoma, 456
risk factor(s), 173, 318, 624
RT-PCR, 504

S100A4, 498
salvage surgery, 422
scoring system, 534
Seldinger technique, 24
selective neck dissection, 464
sentinel, 129, 564
sentinel lymph node, 109, 286, 550
sentinel lymph node biopsy, 165, 279
sentinel node, 100, 355
sentinel node biopsy, 181
serum CEA, 145
signet ring cell carcinoma, 491
silent, 629
splenectomy, 393
split therapy, 56
squamous cell cancer (SCC), 541
squamous cell carcinoma, 468
stage IV rectal cancer, 523
staging, 181
staging system, 221
stomach, 491
stones, 624
supportive care, 92
surgery, 173, 199, 304, 362, 373, 439, 456, 571
surgical exposure, 420
surgical implantation, 24
survival, 1, 133, 221, 258, 350, 456, 498
survival rate, 464
surviving, 578
susceptibility, 44
symptomatic, 629

tamoxifen, 585
telomeric repeat binding factor I, 62
thick-walled gallbladder, 690
thoracotomy, 268
threadwire saw, 312
thyroid cancer, 194
tibia, 429
TIMPs, 151
tongue cancer, 330
TP-PCR, 504
transhiatal esophagectomy, 541
trans-tumoral approach, 8
treatment results, 362
trypsin, 139
tumor control, 109
tumor depth, 330
tumor length, 258
tumor localization, 350
tumor marker(s), 151, 665
tumors in elderly, 194
Turnbull ileostomy, 161

understaging, 439
upper urinary tract cancer, 318
urinary diversion, 206, 228
urinary tract, 20

variant, 504
VEGF, 330

water, 640

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Journal of Surgical Oncology

Table of Contents

Volume 93, Number 1, January 1, 2006

Repeat Hepatectomy for Recurrent Colorectal Liver Metastases
Patrick Pessaux, Emilie Lermite, Olivier Brehant, Jean-Jacques Tuech, Gérard Lorimier, and Jean-Pierre Arnaud 1
The aim of this study was to determine the value of repeat liver resection for recurrent MCC and to analyze the factors that can predict survival.

The Trans-Metastasis Hepatectomy (Through Metastases Previously Ablated With Radiofrequency): Results of a 13-Case Study of Colorectal Cancer
Dominique Elias, Dimitri Manganas, Emmanuel Benizri, Fanny Dufour, Paola Menegon, Tijani El Harroudi, and Thierry de Baere 8
This article presents the results of this innovative RF ablative technique in 13 patients with colorectal LM(s) in whom curative surgery would otherwise be impossible.

Isolated Tumor Cells in Lymph Nodes Are Not a Prognostic Marker for Patients With Stage I and Stage II Colorectal Cancer
Min Ro Lee, Chang Won Hong, Sang Nam Yoon, Seok-Byung Lim, Kyu Joo Park, Min Jin Lee, Woo Ho Kim, and Jae-Gahb Park 13

COMMENTARY
Mike S.L. Liem, Omgo E. Nieweg, and Gerrit-Jan Liefers 18

Pseudomyxoma Peritonei and the Urinary Tract: Involvement and Treatment Related Complications
R.M. Smeenk, A. Bex, V.J. Verwaal, S. Horenblas, and F.A.N. Zoetmulder 20
Urinary tract involvement and urologic complications after cytoreduction and HIPEC for pseudomyxoma peritonei are rare. They may be a result of seeding of PMP of pelvic origin after prior pelvic surgery.

Surgical Technique for Totally Implantable Access Ports (TIAP) Needs Improvement: A Multivariate Analysis of 400 Patients
Christoph M. Seiler, Boris E. Frohlich, Ulrich J. Dorsam, Peter Kienle, Markus W. Buchler, and Hanns-Peter Knaebel 24
The failure of the surgical venae sectio approach for implanting an intravenous port catheter is associated with increased morbidity. A modified approach for surgical port placement should be considered in order to reduce complications.

Differential Expression of Lysophosphatidic Acid Receptor-2 in Intestinal and Diffuse Type Gastric Cancer
Hiroharu Yamashita, Joji Kitayama, Dai Shida, Makoto Ishikawa, Kotaro Hama, Junken Aoki, Hiroyuki Arai, and Hirokazu Nagawa 30
We investigated the expression of the LPA_2 receptor immunohistochemically in 204 gastric cancers and analyzed the relationship between the expression of LPA_2 and clinicopathological features.

Expression of Chymase-Positive Cells in Gastric Cancer and Its Correlation With the Angiogenesis
Keisaku Kondo, Michiko Muramatsu, Yukiko Okamoto, Denan Jin, Shinji Takai, Nobuhiko Tanigawa, and Mizuo Miyazaki 36
To clarify the contribution of chymase to angiogenesis in gastric cancer, we assessed the relationship between chymase-positive cells and tumor angiogenesis. We evaluated chymase-positive cells and microvessels using anti-human chymase and anti-CD34 antibodies in 168 cases of gastric cancer, respectively. There was a significant positive correlation between chymase-positive cells and microvessels in gastric cancer specimens, and accumulation of chymase-positive cells in gastric cancer may lead to an increase of tumor angiogenesis.

COMMENTARY
Harvey G. Moore, Blanche Biagini, and Bimal C. Ghosh 42

The Epidermal Growth Factor Receptor Gene Sequence is Highly Conserved in Primary Gastric Cancers
Koshi Mimori, Hisashi Nagahara, Tomoya Sudo, Hideshi Ishii, Keishi Yamashita, Graham F. Barnard, and Masaki Mori 44
We examined the somatic mutations in exons 18–21 coding the ATP-binding domain in 5 gastric cancer cell lines and 39 primary gastric cancers and corresponding normal tissues. This is the initial report to disclose that this domain of EGFR is highly conserved in whole gastric cancer cell lines and cases. As a result, our current data suggested that oncologists should avoid using gefitinib for gastric cancer cases.

Upregulation of Thymidine Phosphorylase in Rectal Cancer Tissues by Mitomycin C
Yutaka Ogata, Keiko Matono, Teruo Sasatomi, Nobuya Ishibashi, Shojiro Torigoe, Takamasa Fukumitsu, Tomoaki Mizobe, Natsumi Yamashita, Takashi Yanagawa, and Kazuo Shirouzu 47
Venous administration of MMC may up-regulate the level of thymidine phosphorylase in rectal cancer tissues, which would suggest its combination with capecitabine or 5′-DFUR may offer a more effective colorectal cancer therapy.

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Split Therapy: Planned Neck Dissection Followed by Definitive Radiotherapy for a T1, T2 Pharyngolaryngeal Primary Cancer With Operable N2, N3 Nodal Metastases—A Prospective Study
A.K. D'cruz, G.H. Pantvaidya, J.P. Agarwal, D.A. Chaukar, K.A. Pathak, M.S. Deshpande, P.S. Pai, P. Chaturvedi, and K.A. Dinshaw 56
A prospective study to evaluate the feasibility of planned neck dissection prior to definitive radiotherapy in patients with a small (T1, T2) pharyngolaryngeal primary and large metastatic adenopathy (N2, N3).

Expression of Telomeric Repeat Binding Factor 1 in Non-Small Cell Lung Cancer
Jian Hu, Li Sun, Chong Zhang, and Xielai Zhou 62
Our study was designed to evaluate expressions of TRF 1 mRNA in NSCLC. Moreover, we investigated the difference of TRF1 expression among the grades of tumor differentiation, clinical stages, and pathological subtypes and l ymph node metastasis in lung cancer tissues.

How I Do It: A New Laparoscopic-Assisted Hepatectomy (LAH) Utilizing Radiofrequency Ablation and High-Frequency Electrocautery
Mitsuo Miyazawa, Takahiro Torii, Yasuko Toshimitsu, Katsuya Okada, Nobuji Ogawa, Nozomi Shinozuka, and Isamu Koyama 68

How I Do It: Extended Right Hepatectomy for Hilar Cholangiocarcinoma With Resection of the Left Hepatic Duct Prior to Hepatic Resection
Mitsuo Miyazawa, Yasuko Toshimitsu, Takahiro Torii, Katsuya Okada, and Isamu Koyama 72

Case Report: Major Extremity Amputation for Nodal Metastasis From Squamous Cell Carcinoma
Elizabeth A. Johnston, Jukes P. Namm, and Mark E. Reeves 76

COMMENTARY
Constantine P. Karakousis 78

Review Article: Increased Expression of Matrix Metalloproteinase-2 and 9 and Human Papilloma Virus Infection Are Associated With Malignant Transformation of Sinonasal Inverted Papilloma
Hideaki Katori, Akinori Nozawa, and Mamoru Tsukuda 80
We investigated the spectrum of MMP-2 and 9 expression in EP, IP with dysplasia, and IP with carcinoma, and invasive SCC using quantitative immunohistochemical analysis. We also compared the presence of MMP-2 and 9 with HPV status.

Volume 93, Number 2, February 1, 2006

Surgical Procedures and Lymphedema of the Upper and Lower Extremity
Constantine P. Karakousis 87
The potential development of lymphedema after a node dissection, more frequent in the lower extremity, can be affected by the surgical technique.

Qualitative Assessment of Patient Experiences Related to Extended Pelvic Resection for Rectal Cancer
F.C. Wright, D. Crooks, M. Fitch, E. Hollenberg, B.A. Maier, L.D. Last, E. Greco, D. Miller, C.H.L. Law, S. Sharir, N.E. Fleshner, and A.J. Smith 92
Patients who undergo multimodal therapy for locally advanced and locally recurrent rectal cancer have a limited understanding of their morbidity and expected survival; however, despite the challenges of their treatment course, they are thankful to be able to complete it.

Population-Based Analysis of Lymphatic Mapping and Sentinel Lymphadenectomy Utilization for Intermediate Thickness Melanoma
Karyn B. Stitzenberg, Nancy E. Thomas, Laura M. Beskow, and David W. Ollila 100
A population-based analysis of sentinel node utilization for melanoma reveals that less than half of patients with intermediate thickness melanoma undergo sentinel lymphadenectomy. Older patients and patients with head or neck primary tumors are significantly less likely to receive surgical nodal staging.

COMMENTARY
Marianne Berwick 107

Long-Term Morbidity of Patients With Early Breast Cancer After Sentinel Lymph Node Biopsy Compared to Axillary Lymph Node Dissection
Tobias Schulze, Jörg Mucke, Jorn Markwardt, Peter M. Schlag, and Andreas Bembenek 109
In order to evaluate long-term morbidity after SLNB in patients with early breast cancer, arm/shoulder function and subjective complaints of patients after SLNB and ALND were assessed and compared. Isolated SLNB in node-negative pT1 breast cancer patients proved to be a highly efficient tool to reduce postoperative long-term morbidity without compromising the local control of the disease.

Radiofrequency Ablation of Small Breast Cancer Followed by Surgical Resection
Masakuni Noguchi, Mitsuharu Earashi, Hisatake Fujii, Koichi Yokoyama, Ken-ichi Harada, and Koichi Tsuneyama 120
This study was performed to determine the feasibility and safety of treating small breast cancer with radiofrequency (RF) ablation.

Axillary Recurrence in Women With a Negative Sentinel Lymph Node and No Axillary Dissection in Breast Cancer
J. Alexander Palesty, Jason M. Foster, Thelma C. Hurd, Nancy Watroba, Hamed Rezaishiraz, and Stephen B. Edge 129
This study demonstrates that the frequency of axillary recurrence for patients who had sentinel node biopsies that were negative for metastases and did not undergo axillary node dissection is similar to that of axillary node dissection.

Prognostic Factors in Node-Positive Carcinoma of the Penis
Durgatosh Pandey, Vikash Mahajan, and R. Ravi Kannan 133
Groin dissection is an effective treatment for nodal metastasis from carcinoma of the penis. However, innovative approaches are needed for the subset of patients with dismal outlook.

Expression of Protease Activated Receptor-2 (PAR-2) in Gastric Cancer
Daisuke Fujimoto, Yasuo Hirono, Takanori Goi, Kanji Katayama, Kazuo Hirose, and Akio Yamaguchi 139
Possible relevance of the expression of PAR-2 to progression in gastric cancer is considered.

Serum CEA as a Predictor for the Response to Preoperative Chemoradiation in Rectal Cancer
Yoon-Ah Park, Seung-Kook Sohn, Jinsil Seong, Seung-Hyuk Baik, Kang-Young Lee, Nam-Kyu-Kim, and Chang-Whan Cho 145
A retrospective study on 141 patients with rectal cancer, who were treated by radical surgery after preoperative chemoradiation (CRT), revealed that pre-CRT serum CEA is associated with poor tumor response to CRT. Pre-CRT serum CEA level provides useful information about tumor response to preoperative CRT in rectal cancer patients.

Prognostic Value of E-Cadherin, Beta-Catenin, MMPs (7 and 9), and TIMPs (1 and 2) in Patients With Colorectal Carcinoma
Fernanda Roca, Laura V. Mauro, Ana Morandi, Fernando Bonadeo, Carlos Vaccaro, Guillermo Ojea Quintana, Sergio Specterman, Elisa Bal de Kier Joffé, María Guadalupe Pallotta, Lydia Inés Puricelli, and José Lastiri 151
We analyzed retrospectively the prognostic input of E-cadherin, β-catenin, MMPs (7 and 9), and TIMPs (1 and 2) in patients with colorectal carcinoma with a follow-up period of 5 years for survivors. The multivariate analysis demonstrated that the overall survival of patients could be independently predicted by the loss of E-cadherin and the overexpression of TIMP-2.

How I Do It: Hybrid Ileostomy
Paul H. Sugarbaker and Jacobo Cabañas 161

Volume 93, Number 3, March 1, 2006

Editorial: RE: Contralateral Uptake and Metastases in Sentinel Lymph Node Mapping for Recurrent Breast Cancer, by Agarwal A, Heron D, Sumkin J, Falk J (J Surg Oncol 2005;92:4–8)
Maartje C. van Rijk and Omgo E. Nieweg 165

Editorial: RE: Rectal Cancer Surgery in the Elderly: A Multivariate Analysis of Outcome Risk Factors, by Bufalari A, Giustozzi G, Burattini MF, et al.
Richard J. Bold 167

Editorial: RE: Calcium Phosphate Cement in Musculoskeletal Tumor Surgery, by Matsumine A, Kusuzaki K, Matsubara T, et al.
Timothy A. Damron 169

Editorial: RE: Double-Barreled Colostomy is a Safe Option for Simultaneous Urinary and Fecal Diversion. Analysis of 56 Procedures From a Single Institution, by Guimaraes GC, Ferreira FO, Rossi BM, et al.
Marvin J. Lopez 171

Editorial: RE: Mainz II and Double Folded Rectosigmoid Pouches. Experience with 95 Patients, by Hammouda H, Shalaby M, Adelelateef A, Elakkad M
Randall G. Rowland 172

Special Section: Papers from the Italian Association of Surgical Oncology (IASO) of 2003

Rectal Cancer Surgery in the Elderly: A Multivariate Analysis of Outcome Risk Factors
Andrea Bufalari, Giammario Giustozzi, Maria Federica Burattini, Stefano Servili, Claudia Bussotti, Elena Lucaroni, Enrica Ricci, and Francesco Sciannameo 173
Geriatric rectal cancer patients can undergo major elective surgery with perioperative mortality and morbidity rates comparable to those of younger individuals. However, geriatric age is an independent risk factor of poor long term results, as demonstrated by overall and cancer-specific survival and disease-free period less favourable than those assessed in younger patients.

Role of Dynamic Sentinel Node Biopsy in Penile Cancer: Our Experience
S. Perdonà, R. Autorino, L. Gallo, G. Di Lorenzo, G.L. Cascini, F. Lastoria, L. Marra, M. De Sio, R. Damiano, and A. Gallo 181
Reliability of dynamic sentinel node biopsy in selected patients with penile cancer. Our initial experience shows encouraging results with this new staging technique.

Liver Resections in Over-75-Year-Old Patients: Surgical Hazard or Current Practice?
Luca Aldrighetti, Marcella Arru, Marco Catena, Renato Finazzi, and Gianfranco Ferla 186
Hepatic resections in over-75-year-old patients are not a surgical hazard and may be carried out relatively safely as long as an accurate selection of the patient is performed.

Specific Features of Differentiated Thyroid Carcinoma in Patients Over 70 Years of Age
G.C. Biliotti, F. Martini, V. Vezzosi, P. Seghi, F. Tozzi, A. Castagnoli, G. Basili, and A. Peri 194
In comparison to other types of cancer, thyroid carcinoma has a lower incidence and is more aggressive in the elderly. Pathological features of this disease, such as a low grade of differentiation, lesions ≥ 2 cm, extraglandular extension and the presence of distant metastases, are more common in elderly patients than in younger ones and are linked to a less favorable prognosis.

Could a High Resectability Rate Improve the Long-Term Survival of Patients With Proximal Bile Duct Cancer?
Massimiliano Veroux, Carmelo Madia, Pietro Fiamingo, Pietro Caglià, Maurizio Valastro, Corrado Amodeo, Pierfrancesco Veroux, Massimiliano Gagliano, Stefano Basso, and Davide Francesco D'Amico 199
This retrospective study was undertaken to evaluate if high resectability rate could improve the long-term outcome of patients with proximal bile duct cancer.

Double-Barreled Wet Colostomy is a Safe Option for Simultaneous Urinary and Fecal Diversion. Analysis of 56 Procedures From a Single Institution
Gustavo C. Guimaraes, Fabio O. Ferreira, Benedito M. Rossi, Samuel Aguiar Jr, Stenio C. Zequi, Wilson Bachega, Wilson T. Nakagawa, Francisco P. Fonseca, Alvaro S. Sarkis, and Ademar Lopes 206

Calcium Phosphate Cement in Musculoskeletal Tumor Surgery
Akihiko Matsumine, Katsuyuki Kusuzaki, Takao Matsubara, Atsushi Okamura, Noritaka Okuyama, Shinichi Miyazaki, Ken Shintani, and Atsumasa Uchida 212
Results for 56 musculoskeletal tumors treated by curettage and implantation of calcium phosphate cement (CPC) were reviewed. CPC offers a useful bone substitute for the treatment of musculoskeletal tumors.

Comparison of Stage-Specific Outcome of Breast Cancer Based on 5th and 6th AJCC Staging System
Seung Il Kim, Byeong Woo Park, and Kyong Sik Lee 221
The revised staging system (AJCC TNM staging system 6th edition) of breast cancer seems to more accurately reflect the treatment outcome primarily by adding the number of nodal metastasis into the staging system. However, heterogeneous subgroups are still included in the same stage, and this is mostly due to underestimation of the impact of the nodal metastasis. Further investigation about the impact of the nodal metastasis is definitely required.

Mainz II and Double Folded Rectosigmoid Pouches. Experience With 95 Patients
H. Hammouda, M. Shalaby, A. Adelelateef, and M. Elakkad 228

Expression of PTEN in the Progression of Cervical Neoplasia and Its Relation to Tumor Behavior and Angiogenesis in Invasive Squamous Cell Carcinoma
Ji Shin Lee, Yoo Duk Choi, Jae Hyuk Lee, Jong Hee Nam, Chan Choi, Min Cheol Lee, Chang Soo Park, Hyung Seok Kim, and Kyung Whan Min 233
Tumor progression in the cervical epithelium is accompanied by loss of PTEN protein expression. Reduced PTEN expression is not associated with tumor angiogenesis of squamous cell carcinoma of the uterine cervix.

p27 Downregulation and Metallothionein Overexpression in Gastric Cancer Patients Are Associated With a Poor Survival Rate
Gennaro Galizia, Francesca Ferraraccio, Eva Lieto, Michele Orditura, Paolo Castellano, Vincenzo Imperatore, Giovanni La Manna, Margherita Pinto, Fortunato Ciardiello, Anna La Mura, and Ferdinando De Vita 241
In this study, we investigated by immunohistochemistry the possible role of molecular markers involved in cell cycle regulation (B1 and D3 cyclins, and p27) and cell protection (metallothionein) in predicting tumor behavior and clinical outcome in gastric cancer patients. We show that p27 downregulation and metallothionein overexpression were strongly correlated with a poor clinical outcome, allowing to identify an unfavorable group of patients that may benefit from tailored treatments.

Volume 93, Number 4, March 15, 2006

Editorial: RE: Correlational of Oral Tongue Cancer Inversion With Matrix Metalloproteinases (MMPs) and Vascular Endothelial Growth Factor (VEGF) Expression, by Kim S-H, Cho NH, Kim K, et al.
Megan S. Lim 253

Editorial: RE: Modified Intrapleural Cisplatin Treatment for Lung Cancer With Positive Pleural Lavage Cytology or Malignant Effusion, by Muraoka M, Oka T, Akamine S, et al.
David W. Johnstone 255

Editorial: RE: Tumor Length as a Prognostic Factor in Esophageal Malignancy: Univariate and Multivariate Survival Analyses, by Griffiths E, Brummell Z, Gorthi G, et al.
Chumy Nwogu 257

Tumor Length as a Prognostic Factor in Esophageal Malignancy: Univariate and Multivariate Survival Analyses
Ewen A. Griffiths, Zoe Brummell, Ganesh Gorthi, Susan A. Pritchard, and Ian McL Welch 258

Transpleurodiaphragmatic Cryosurgical Ablation for Recurrent Unresectable Colorectal Liver Metastases
Mattia Stella, François Mithieux, Pierre Meeus, Pierre Kaemmerlen, Cyril Lafon, and Michel Rivoire 268
Transpleurodiaphragmatic CSA is safe and effective in selected patients with unresectable recurrent liver metastases from colorectal cancer.

Liver Resection for Hepatocellular Carcinoma in Patients Who Have Undergone Prior Renal Transplantation
Shao-Bin Cheng, Dah-Cherng Yeh, Kuo-Hsiung Shu, Cheng-Chung Wu, Mei-Chin Wen, Tse-Jia Liu, and Fang-Ku P'eng 273
Higher incidence of subsequent hepatocelllar carcinoma (HCC) occurs after renal transplantation. With careful protection of the graft kidney, liver resection is still a justified treatment option for HCC in selected patients who have undergone prior renal transplantation.

Sentinel Lymph Node Biopsy in Thin Melanoma Patients
Dan D. Hershko, Bruce W. Robb, Andrew M. Lowy, Syed A. Ahmad, Go H. Ramadas, Debbie A. Soldano, and Jeffrey J. Sussman 279
Retrospective review of Sentinel Node Biopsy in Thin Melanoma Patients with 8% microscopic and 58% RT-PCR positivity rates demonstrated.

Lymphoscintigraphic Drainage of Acral Limb Skin to Interval Sentinel Lymph Nodes in Healthy Subjects
Mustafa Asim Aydin, Berna Okudan, Serdar Nasir, Meltem Özbek, Arif Karagöz, and Selman Altuntaş 286
Lymphoscintigraphic drainage to epitrochlear–midhumeral and popliteal sentinel lymph nodes from hand and foot skin is explored in healthy subjects. Interval SLN frequencies are compared between different acral injection sites and with the incidences reported for distal extremity melanomas.

Prognostic Factors of Myxofibrosarcomas: Implications of Margin Status, Tumor Necrosis, and Mitotic Rate on Survival
Ching-Nan Lin, Shin-Cheng Chou, Chien-Feng Li, Kun-Bow Tsai, Wen-Chung Chen, Ching-Yeh Hsiung, Cheng-Fang Yen, and Hsuan-Ying Huang 294
A retrospective study of a series of 70 primary localized myxofibrosarcomas substantiates the critical prognostic role of margin status. Clear margins do not only correlate with improved local-recurrence survival but also translate into final survival benefits in multivariate survival analyses.

Surgical Treatment of Patients With Initially Inoperable and/or Metastatic Gastrointestinal Stromal Tumors (GIST) During Therapy With Imatinib Mesylate
Piotr Rutkowski, Zbigniew Nowecki, Paweł Nyckowski, Wirginiusz Dziewirski, Urszula Grzesiakowska, Anna Nasierowska-Guttmejer, Marek Krawczyk, and Włodzimierz Ruka 304
Imatinib therapy in initially inoperable and/or metastatic gastrointestinal stromal tumors CD 117(+) may allow for surgical removal of residual disease. In the presented series of GIST patients the durable complete remissions were commonly observed in patients who were estimated as resectable and continued imatinib therapy after surgery.

Radical Excision of Malignant Sacral Tumors Using a Modified Threadwire Saw
Shunzo Osaka, Osamu Kondoh, Yukihiro Yoshida, and Junnosuke Ryu 312

Bladder Recurrence of Upper Urinary Tract Cancer After Laparoscopic Surgery
Haruki Kume, Shinji Teramoto, Kyoichi Tomita, Hiroaki Nishimatsu, Satoru Takahashi, Takumi Takeuchi, Nobutaka Ota, and Tadaichi Kitamura 318

Modified Intrapleural Cisplatin Treatment for Lung Cancer With Positive Pleural Lavage Cytology or Malignant Effusion
Masashi Muraoka, Tadayuki Oka, Shinji Akamine, Tsutomu Tagawa, Masafumi Morinaga, Masao Inoue, Takatomo Yamayoshi, Satoshi Hashizume, Keitaro Matsumoto, Tomayoshi Hayashi, and Takeshi Nagayasu 323

Correlations of Oral Tongue Cancer Invasion With Matrix Metalloproteinases (MMPs) and Vascular Endothelial Growth Factor (VEGF) Expression
Se-Heon Kim, Nam Hoon Cho, Kyubo Kim, Jin Seok Lee, Bon Seok Koo, Jeong Hong Kim, Jung Hyun Chang, and Eun Chang Choi 330

How I Do It: Feasibility of Bisegmentectomy 7–8 is Independent of the Presence of a Large Inferior Right Hepatic Vein
Marcel Autran C. Machado, Paulo Herman, Fabio F. Makdissi, Estela R.R. Figueira, Telestoro Bacchella, and Marcel C.C. Machado 338
The authors describe their experience with an alternative technique for bisegmentectomy 7–8 where despite the absence of a large inferior right hepatic vein the procedure was successfully performed without venous complications.

Volume 93, Number 5, April 1, 2006

Guest Editorial: Variability in the Adoption of Breast MRI Among Surgeons
Ronald J. Weigel 343

Editorial: D_1 versus D_2 Lymphadenectomy and Volume versus Training: Ongoing Debate in Gastric Cancer Surgery
Lloyd A. Mack 345

Editorial: Gastric Carcinoid Tumors
Francesco Stilo 347

Is Surgery-Only the Adequate Treatment Approach for T2N0 Rectal Cancer?
Sven Petersen, Gunter Hellmich, Katharina von Mildenstein, Gerhard Porse, and Klaus Ludwig 350
T2N0 rectal cancer patients with surgery-only treatment were evaluated according to local failure and disease specific survival. Whereas middle and upper tumors showed satisfactory outcome, the high recurrence rate in low rectal tumors suggests the question of adjuvant treatment for these patients.

Sentinel Node Biopsy in Skin Melanoma Patients—Measurements of Absorbed Doses of Radiation to the Hands of Medical Staff
Dariusz Nejc, Małgorzata Wrzesie, Janusz Piekarski, Jerzy Olszewski, Piotr Pluta, Jacek Kumierek, and Arkadiusz Jeziorski 355
Absorbed doses of radiation to the hands of assisting medical staff present in operating room, during sentinel node biopsy, are only slightly lower than absorbed doses of radiation to the hands of operating surgeon and assistant surgeon. The maximum recorded dose during this study was 1,900 times smaller than the current 1-year dose limit recommended by the International Commission on Radiological Protection.

Clinical Characteristics and Outcome of Non-Squamous Cell Malignancies of the Maxillary Sinus
Sajid S. Qureshi, Devendra A. Chaukar, Sanjay D. Talole, and Anil K. Dcruz 362
Non-squamous cancers of the maxillary sinus are rare, as evident from the paucity of information in the literature. As in squamous cancers, they present with locally advanced disease, but, unlike squamous cancers, they have a better prognosis.

Presentation, Treatment, and Outcome of Type 1 Gastric Carcinoid Tumors
Gregory F. Dakin, Richard R.P. Warner, Alfons Pomp, Barry Salky, and William B. Inabnet 368
A large database of carcinoid patients is analyzed to review presentation and outcomes of Type 1 gastric carcinoid tumors. Treatment strategies are reviewed and recommended for this rare entity.

The Role of Reoperation in the Management of Endometrial Carcinoma Found in Simple Hysterectomy
Ali Ayhan, Cavit Kart, Suleyman Guven, Kubra Boynukalin, and Turkan Kucukali 373
In patients with endometrial cancer found in simple hysterectomy, further surgery may improve the recurrence rates and survival estimates.

Clinical and Molecular Differences Between Clear Cell and Papillary Serous Ovarian Carcinoma
Gamal H. Eltabbakh, Sharon L. Mount, Barbara Beatty, Linda Simmons-Arnold, and Kumarasen Cooper 379
CCOC shows some significant clinical and molecular differences from papillary serous carcinoma. Chemoresistance in clear cell carcinoma may not be p53-dependent.

A Phase II Study of Radiofrequency Ablation of Unresectable Metastatic Colorectal Cancer With Hepatic Arterial Infusion Pump Chemotherapy
Robert C.G. Martin II, Charles R. Scoggins, and Kelly M. McMasters 387
The aim of this study was to evaluate the combination of RFA and HAI chemotherapy for unresectable liver metastases. An aggressive combination of resection, RFA, and HAI chemotherapy is feasible, and is associated with a median survival that is comparable to that achieved for patients who undergo liver resection. Given the complications and toxicity associated with HAI pump chemotherapy, along with advances in systemic therapy for metastatic colorectal cancer, adjuvant HAI chemotherapy after RFA of liver metastases may not be warranted as a first line treatment option.

Extended Lymph Node Dissection Without Routine Spleno-Pancreatectomy for Treatment of Gastric Cancer: Low Morbidity and Mortality Rates in a Single Center Series of 250 Patients
Roberto Biffi, Antonio Chiappa, Fabrizio Luca, Simonetta Pozzi, Felice Lo Faso, Sabine Cenciarelli, and Bruno Andreoni 394
Outcomes of D-2 gastrectomy compete favorably with those reported after standard D-1 gastrectomy in Western patients' series. D-2 gastrectomy with spleen and pancreas routine preservation can be considered a safe treatment for gastric cancer in selected Western patients, at least in experienced centers having a full learning curve completed.

Clinical Significance of the Second Cycle Response to Cisplatin-Based Chemotherapy as Preoperative Treatment for Esophageal Squamous Cell Carcinoma
Hirofumi Akita, Yuichiro Doki, Hiroshi Miyata, Takafumi Hirao, Masahiko Yano, Ko Takachi, Isao Miyashiro, Yo Sasaki, Osamu Ishikawa, Hiroaki Ohigashi, and Shingi Imaoka 401
Repeating two cycles of cisplatin-based chemotherapy is standard protocol for preoperative treatment for advanced esophageal squamous cell carcinoma (ESCC). However, the second cycle of chemotherapy is often less effective than the first.

Isolated Lung Perfusion With Melphalan: Pharmacokinetics and Toxicity in a Pig Model
A. van der Elst, S.J. Oosterling, M.A. Paul, A.M.A. Vonk, R.W. Sparidans, and J.R.M. van der Sijp 410
We studied the feasibility of ILP with melphalan in a pig model with emphasis on pharmacokinetics and acute lung damage.

How I Do It: Opening the "Gift Box": A Systematic Approach to Expose the Thyroid and Superior Thyroid Vessels in Complicated Thyroid Surgery
Dimitrios Moraitis and Ashok R. Shaha 417

How I Do It: Indigenous and Austere Technique of Self-Retaining Abdominal Retraction for Facilitating Surgical Exposure
Sajid S. Qureshi, Hemant B. Tongaonkar, Parul J. Shukla, and Rajesh C. Mistry 420

Case Report: Factors Affecting the Prognosis of Patients With Esophageal Cancer Undergoing Salvage Surgery After Definitive Chemoradiotherapy
Yoshito Tomimaru, Masahiko Yano, Ko Takachi, Isao Miyashiro, Ryu Ishihara, Kinji Nishiyama, Yo Sasaki, Osamu Ishikawa, Yuichiro Doki, and Shingi Imaoka 422
Salvage surgery after definitive chemoradiation is more invasive and morbid than planned esophagectomy after neoadjuvant chemoradiation. Careful consideration of the indication for salvage surgery is necessary to avoid non-curative resection.

Review Article: Adamantinoma of Tibia: A Study of 12 Cases
Saral S. Desai, Nirmala Jambhekar, Manish Agarwal, Ajay Puri, and Nikhil Merchant 429

Letter to the Editor: Thalidomide in Primary Peritoneal Mesothelioma
Ghanashyam Biswas, Prasad Narayanan, Roshni Bhagwat, Alka Khadwal, Ashish V. Bakshi, and Purvish M. Parikh 434

Volume 93, Number 6, May 1, 2006

Editorial: RE: The Risk of Developing Metastatic Disease in Colorectal Career Is Related to CD105-Positive Vessel Count, by Romani AA, Borghetti AF, Del Rio P, et al.
Axel Kleespies 435

Editorial: RE: A Prospective Trial for Avoiding Cervical Lymph Node Dissection for Thoracic Esophageal Cancers, Based on Intra-Operative Genetic Diagnosis of Micrometastasis in Recurrent Laryngeal Nerve Chain Nodes, by Miyata H, Yano M, Doki Y, et al.
Jocelyne Martin 437

Lymph Node Counts, Rates of Positive Lymph Nodes, and Patient Survival for Colon Cancer Surgery in Ontario, Canada: A Population-Based Study
Luke Bui, Eddy Rempel, Dana Reeson, and Marko Simunovic 439
This population-based study assessed lymph node counts, lymph node status (positive or negative), and survival among patients undergoing colon cancer surgery in Ontario, Canada. Surprisingly, higher lymph node counts did not correlate with increased rates of node positive status, while higher lymph node counts did predict for improved survival among node negative patients.

The Risk of Developing Metastatic Disease in Colorectal Cancer Is Related to CD105-Positive Vessel Count
Antonello A. Romani, Angelo F. Borghetti, Paolo Del Rio, Mario Sianesi, and Paolo Soliani 446
CD105-vessels count can identify patients at high risk of metastatic disease in colorectal cancer (CRC) and should help to discriminate patients to enroll for intensive post-operative follow-up management including adjuvant anti-angiogenetic treatment.

Primary and Recurrent Retroperitoneal Soft Tissue Sarcoma: Prognostic Factors Affecting Survival
Antonio Chiappa, Andrew P. Zbar, Emilio Bertani, Roberto Biffi, Fabrizio Luca, Cristiano Crotti, Alessandro Testori, Gianluca Lazzaro, Tommaso De Pas, Pace Ugo, and Bruno Andreoni 456
An aggressive surgical approach in both primary and recurrent RPS is associated with long-term survival.

Elective Lateral Neck Dissection For Laryngeal Cancer in the Clinically Negative Neck
Bin Zhang, Zhen-gang XU, and Ping-zhang Tang 464
The purpose of this study was to evaluate the effectiveness of LND for patients with laryngeal cancer in Asian people.

A Reappraisal of Surgical Management for Squamous Cell Carcinoma in the Pharyngoesophageal Junction
Hao-Wei Wang, Pen-Yuan Chu, Kuang-Tai Kuo, Chia-Hsin Yang, Shyue-Yih Chang, Wen-Hu Hsu, and Liang-Shun Wang 468
An aggressive surgical approach with total PLE in conjunction with adjuvant radiotherapy represents a feasible option for treatment of advanced SCC simultaneously involving the hypopharynx and cervical esophagus.

A Prospective Trial for Avoiding Cervical Lymph Node Dissection for Thoracic Esophageal Cancers, Based on Intra-Operative Genetic Diagnosis of Micrometastasis in Recurrent Laryngeal Nerve Chain Nodes
Hiroshi Miyata, Masahiko Yano, Yuichiro Doki, Takushi Yasuda, Setsuko Yoshioka, Yurika Sugita, Shuji Takiguchi, Yoshiyuki Fujiwara, and Morito Monden 477
Of the 89 patients enrolled in this prospective study, three-field lymphadenectomy was performed for 33 patients with recurrent laryngeal nerve chain node metastasis revealed by intra-operative histological and/or genetic diagnosis and two-field lymphadenectomy for 56 patients with no recurrent laryngeal nerve chain node metastasis. In the two-field lymphadenectomy group, only one patient had cervical node recurrence after surgery and the post-operative survival of all 89 patients was equivalent to that of the historical controls of 66 three-field lymphadenectomy patients.

Does Postoperative Chemotherapy Have a Survival Benefit for Patients With Pancreatic Cancer?
Masaji Tani, Manabu Kawai, Hiroshi Terasawa, Shinomi Ina, Seiko Hirono, Kazuhisa Uchiyama, and Hiroki Yamaue 485
It is suggested that multidisciplinary treatment including surgery and chemotherapy plays an important role for the survival benefit for pancreatic cancer patients.

Matrilsin Expression is a Useful Marker of Submucosal Invasion and Lymph Node Metastasis in Early Stage Signet Ring Celi Carcinoma of the Stomach
Ryuusuke Aihara, Erito Mochiki, Yoichi Kamiyama, Tetsuro Ohno, Takayuki Asao, and Hiroyuki Kuwano 491
Early stage signet ring cell carcinoma (SIG) of the stomach revealed less invasiveness than other undifferentiated carcinoma (non-SIG) in terms of clinicopathologic features and Matrilsin (MMP-7) expression. Preoperative estimation of the MMP-7 expression might be useful as a predictor of submucosal invasion and lymph node metastasis in early SIG.

Metastasis-Associated Protein S100A4—A Potential Prognostic Marker for Colorectal Cancer
A.K. Hemandas, M. Salto-Tellez, S.H. Maricar, A.F.P.K. Leong, and C.K. Leow 498
Inclusion of S100A4 expression status may enhance our accuracy to prognosticate in patients with colorectal cancer.

The Changes of Estrogen Receptor-β Variants Expression in Breast Carcinogenesis: Decrease of Estrogen Receptor-β2 Expression is the Key Event in Breast Cancer Development
Byeong-Woo Park, Ki-Suk Kim, Min-Kyu Heo, Woo-Ick Yang, Seung Il Kim, Joo-Hang Kim, Gwi Eon Kim, and Kyong Sik Lee 504
ERβ2 and ERβ5 form a major proportion of ERβ expression in mammary tissues. The decrease of ERβ2 expression is the key event in the development of breast cancer, particularly for ERα-expressing breast cancer.

Case Report: Advantage of Pancreaticogastrostomy in Detecting Recurrent Intraductal Papillary Mucinous Carcinoma in the Remnant Pancreas: A Case of Successful Re-resection After Pancreaticoduodenectomy
Yoshito Tomimaru, Osamu Ishikawa, Hiroaki Ohigashi, Hidetoshi Eguchi, Terumasa Yamada, Yo Sasaki, Isao Miyashiro, Masayuki Ohue, Masahiko Yano, Hiroyuki Uehara, Akihiko Nakaizumi, and Shingi Imaoka 511

Volume 93, Number 7, June 1, 2006

Editorial: Positive Sentinel Lymph Node: New Controversies Regarding Axillary Node Dissection
Isabel T. Rubio 517

Editorial: Transthoracic vs. Transhiatal Esophagectomy: Stage Migration Muddies the Water
Mark I. Block 519

Editorial: The Wait
Laurie Lyckholm 521

Outcomes of Resection of Stage IV Rectal Cancer With Mesorectal Excision
Wai Lun Law and Kin Wah Chu 523
This study aims to evaluate the results of resection of rectal cancer in the patients with stage IV disease and to analyze the factors that might affect the survival of these patients.

Preoperative Chemoradiation in Rectal Cancer: Retrospective Comparison Between Capecitabine and Continuous Infusion of 5-Fluorouracil
Rinat Yerushalmi, Efraim Idelevich, Ygael Dror, Salomon M. Stemmer, Arie Figer, Aaron Sulkes, Baruch Brenner, David Loven, Zeev Dreznik, Israel Nudelman, Adi Shani, and Eyal Fenig 529
Our retrospective study compares the efficacy of two preoperative chemoradiation regimens, capecitabine and 5-fluorouracil, for rectal cancer. The results revealed better downstaging $P = 0.009$ with capecitabine, with a low toxicity profile.

A Practical Scoring System Based upon ROC Analysis for Evaluating Potential Lymph Nodes Metastasis During Gastric Surgery
Yulian Wu, Jian Chen, Junxiu Yu, Shunliang Gao, and Hongwei Shen 534
Current preoperative N staging does not offer an accurate estimation of lymph node involvement. We establish a new scoring system for predicting N stages to guide a rational lymphadenectomy for gastric cancer.

Effectiveness of Radical En-Bloc-Esophagectomy Compared to Transhiatal Esophagectomy in Squamous Cell Cancer of the Esophagus Is Influenced by Nodal Micrometastases
Emre F.Yekebas, Paulus G. Schurr, Jussuf T. Kaifi, Bjoern C. Link, Asad Kutup, Oliver Mann, Lars Wolfram, and Jakob R. Izbicki 541
The appropriate surgery for curable squamous cell cancer (SCC) of the esophagus is discussed controversially.

Can Axillary Dissection be Avoided in Patients With Sentinel Lymph Node Metastasis?
Angela Katz, Andrzej Niemierko, Irene Gage, Sheila Evans, Margaret Shaffer, Thomas Fleury, Frederick P. Smith, Peter E. Petrucci, Richard Flax, Cynthia Drogula, and Colette Magnant 550
The size of the SLN metastasis, number of positive SLNs, number of negative SLNs and the presence of LVSI were found to be statistically significantly associated with the involvement of nonSLNs; however, no subgroup was identified that did not have a significant rate of nonSLN involvement on completion axillary dissection, except those who had a large number of negative SLNs. Our data does not support eliminating axillary dissection for any subgroup of patients with positive SLNs.

Predictors of Invasive Disease in Breast Cancer When Core Biopsy Demonstrates DCIS Only
Mary F. Dillon, Enda W. McDermott, Cecily M. Quinn, Ann O'Doherty, Niall O'Higgins, and Arnold D.K. Hill 559
Ductal carcinoma in-situ on core biopsy does not preclude invasive disease within the excision specimen, and further axillary surgery is often required. This study identifies patients most at risk of invasion when DCIS is present on core biopsy.

Does Sentinel Lymph Node Biopsy in Cutaneous Head and Neck Melanoma Alter Disease Outcome?
Edwina H. Doting, Mattijs de Vries, John Th.M. Plukker, Piet L. Jager, Wendy J. Post, Albert J.H. Suurmeijer, and Harald J. Hoekstra 564
In this series of thirty-six patients with cutaneous head and neck melanoma we found a 92% rate of sentinel lymph node identification and a false-negative rate of 13% during follow-up (median 54 months; range 10–114 months). Sentinel lymph node biopsy (SLNB) did not alter disease outcome in this study, but the number of patients was too small to draw any definitive conclusions.

Quality of Life in Newly Diagnosed Cancer Patients Waiting for Surgery is Seriously Impaired
Mechteld R.M. Visser, J. Jan B. van Lanschot, Jacobus van der Velden, Jaap J. Kloek, Dirk J. Gouma, and Mirjam A.G. Sprangers 571
The quality of life of newly diagnosed cancer patients is seriously impaired. In this stage, not cancer-site specific aspects but fatigue and emotions colour their lives.

Expression of Survivin and Correlation with PCNA in Osteosarcoma
Wenji Wang, Huiying Luo, and Aiqin Wang 578
The expression of survivin can be used as a useful indicator in grading the malignancy of osteosarcoma.

Review: Adjuvant Aromatase Inhibitor Therapy for Early Breast Cancer: A Review of the Most Recent Data
G. Grana 585

How I Do It: Primary Reconstruction of Small Mandibular Defects by Using Mandibular Remnant
Kumar Alok Pathak, Bhavin C. Shah, Amit S. Date, Mandar S. Deshpande, Pankaj Chaturvedi, Prathamesh S. Pai, Devendra A. Chaukar, and Anil K. D'Cruz 593

Volume 93, Number 8, June 15, 2006

Seminars in Surgical Oncology: Cancer of the Gallbladder
Hari Shankar Shukla, MS, FRCSEd, PhD, Guest Editor

Tribute to a Teacher: LE Hughes: Watch Him Do It And You Will Learn It
Hari S. Shukla 597

Introduction: Professor Hari Shankar Shukla
Sandeep Kumar and Mallika Tewari 601

Guest Editor Comment: Gallbladder Cancer
H.S. Shukla 604

Gallbladder Cancer: A Global Perspective
V.K. Kapoor 607

An Objective Assessment of Demography of Gallbladder Cancer
J. Ram Kumar, Mallika Tewari, Arundhati Rai, Rohan Sinha, Sadhu C. Mohapatra, and Hari S. Shukla 610

Preneoplastic Lesions in Gallbladder Cancer
Iván Roa, Xabier de Aretxabala, Juan C Araya, and Juan Roa 615

Gallstones and Gallbladder Cancer-Volume and Weight of Gallstones are Associated With Gallbladder Cancer: A Case-Control Study
Iván Roa, Gilda Ibacache, Juan Roa, Juan Araya, Xabier de Aretxabala, and Sergio Muñoz 624

Contribution of Silent Gallstones in Gallbladder Cancer
Mallika Tewari 629

Infection as a Risk Factor for Gallbladder Cancer
Sandeep Kumar, Shailendra Kumar, and Surender Kumar 633

Environmental Pollutants in Gallbladder Carcinogenesis
Manoj Pandey 640

K-ras, p53 Mutations, and Microsatellite Instability (MSI) in Gallbladder Cancer
Angelica A. Saetta 644

Application of Modern Imaging Methods in Diagnosis of Gallbladder Cancer
Antonio Rodríguez-Fernández, Manuel Gómez-Río, Antonio Medina-Benítez, Jesús Villar-del Moral, Carlos Ramos-Font, José Manuel Ramia-Ángel, José Manuel Llamas-Elvira, Jose Antonio Ferrón-Orihuela, and Pablo Lardelli-Claret 650

CA 125: A Potential Tumor Marker for Gallbladder Cancer
Amita Chaube, Mallika Tewari, Usha Singh, and H.S. Shukla 665

Surgical Strategies in Patients With Gallbladder Cancer: Nihilism to Optimism
Sadiq S. Sikora and Rajneesh K. Singh 670

Laparoscopic Cholecystectomy and Gallbladder Cancer
Ralf Steinert, Gerd Nestler, Emil Sagynaliev, Jörg Müller, Hans Lippert, and Marc-André Reymond 682

Management of Cancer Gallbladder Found as a Surprise on a Resected Gallbladder Specimen
Mahesh Chandra Misra and Sandeep Guleria 690

Chemoradiotherapy in Gallbladder Cancer
Xabier de Aretxabala, Ivan Roa, Marcela Berrios, Juan Hepp, Jorge Gallardo, Andres Cordova, Juan Carlos Roa, Jorge Leon, and Fernando Maluenda 699

Correlation of Nutritional Parameters of Gallbladder Cancer Patients
Arundhati Rai, Mallika Tewari, S.C. Mohapatra, and H.S. Shukla 705

Author Index to Volume 93 709

Subject Index to Volume 93 713